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PTO/SB/22 (06-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) ARC920010018US1
In re Application of PESTONI et al.		
Application Number 09/928,347		Filed 8/14/2001
For Collaborative Content Programming		
Art Unit 2152	Examiner FLEARY, Carolyn F.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|--|------------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ <u>120.00</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
|
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ | |
| <input type="checkbox"/> A check in the mount of the fee is enclosed. | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>00-0441</u> | |

I have enclosed a duplicate copy of this sheet

- I am the applicant/inventor.
 assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
 attorney or agent of record. Registration Number 50569
 attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a) _____

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September 9, 2005
Date



Signature

(703) 838-7683
Telephone Number

Jaclyn A. Schade
Typed or Printed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

USPTO processes an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |

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attorney or agent of record. Registration Number 50569

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